Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR SMALL ENTITY <u>(Column 1)</u> (Column 2) TYPE ____ **TOTAL CLAIMS** RATE FEE RATE FEE **FOR** BASIC FEE 370.00 BASIC FEE NUMBER FILED NUMBER EXTRA 740.00 OR TOTAL CHARGEABLE CLAIMS 1 - minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS - minus 3 = X42 =X84= OR MULTIPLE DEPENDENT CLAIM PRESENT +280= +140 =OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY SMALL ENTITY OR (Column 3) (Column 1) (Column 2) **HIGHEST** CLAIMS ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT PREVIOUSLY** AFTER **EKTRA** FEE FEE AMENDMENT PAID FOR Total X\$18= Minus X\$ 9= 04 OR Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 1) (Column 2) HIĞHEST CLAIMS ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL TIONAL RATE RATE **AMENDMENT PREVIOUSLY AFTER EXTRA** FEE **AMENDMENT** PAID FOR FEE Total Minus X\$18= XS 9= OR = Minus Independent *** X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL ADDIT. FEE (Column 1) (Column 2) aColamn 31 CLAIMS HIGHEST ADDI-ADDI-NUMBER REMAINING PRESENT TIONAL TIONAL RATE RATE AMENDMENT **PREVIOUSLY AFTER** E.TRA FEE AMENDMENT PAID FOR **FEE** Total Minus X\$ 9= X\$18= OR

ķ

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

Minus

X84=

+280=

TOTAL

OR

OR

OR

X42=

+140=

ADDIT FEE

TOTAL

Independent

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{***}If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART (Column 1)						(Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY	
TC	TAL CLAIMS						RATE	FEE]	RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA		BASIC FE	E 370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			., . minus 20=		*		X\$ 9=		OR.	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*		X42=	1 6 6	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	TOTAL	6.4	OR	TOTAL	
CLAIMS AS AMENDED - PART I (Column 1) (Column						(Column 3)	SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	r Ol 4111	=	X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	CLAIM		+140=		OR	+280=	
							TOTAL ADDIT, FEE		OB	TOTAL ADDIT FEE	
		(Column 1)		(Colui	mn 2)	(Column 3)	ADDITITE	.	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	,
	Independent	*	Minus	***	T CL AIM	=	X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	JETIPLE DEF	PENDEN	CLAIIVI		+140=		OR	+280=	
									OR	TOTAL ADDIT FEE	
		(Column_1)			mn 2)	(Column 3)	ADDIT FEE		-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST NBER OUSLY NFCR	PRESENT EKTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT				T CLAIM		+140=		OR	+280=	<u> </u>
	If the entry in colu	.mn 1 -s less than	the entry in co-	umn 2 Wri	te Clinica	oumn 3	TOTA		ł	TOTAL	
** If the Highest Number Previously Paid For IN THIS SPACE is less than 20 enter 20 ADDIT FEE ADDIT FEE ***If the Highest Number Previously Paid For IN THIS SPACE is less than 3 enter 3." The Highest Number Previously Paid For Total or Independent is their ghest number found in the appropriate box in column 1.											

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